

Change Order - Construction Manager-Adviser Edition

PROJECT (Name and address):	CHANGE ORDER NUMBER	BP4 885-005	OWNER:
885-Fairground Renovations 1406 Teal Rd.	INITIATION DATE: 4/14/20		CONSTRUCTION MANAGER: ⊠
Lafayette, IN 47905			ARCHITECT:
			CONTRACTOR:
TO CONTRACTOR (Name and address):	PROJECT NUMBERS: 885		FIELD:
Davidson Excavating 5533 S. 800 W.	CONTRACT DATE: August		OTHER:
Russiaville, IN 46979	CONTRACT FOR: 4S-Exca	vacion and Shework	Office.
THE CONTRACT IS CHANGED AS FOLLOW	rs:		
EWO 885-087			
Omit the removal of the gas lines and stormwater sewers between the existing and move \$17,757 from the "Removal	ng Coliseum and Dairy Ba	m and between the exi	sting Coliseum and Sheep Barn. Deduct
NO CHANGE TO CONTRACT SU	ГМ		
The original Contract Sum was Net change by previously authorized Change Orders The Contract Sum prior to this Change Order was The Contract Sum will be unchanged by this Change Order in the amount of The new Contract Sum including this Change Order will be			\$ 1,687,897.00 \$ 26,220.62 \$ 1,714,117.62 \$ 0.00 \$ 1,714,117.62
The Contract Time will be unchanged by Zero (0) days. The date of Substantial Completion as of the date of this Change Order therefore is unchanged			
NOTE: This summary does not reflect changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive.			
NOT VALID UNTIL SIGNED BY THE OWNER, CONSTRUCTION MANAGER, ARCHITECT AND CONTRACTOR.			
Tecton Construction Management		YA	
CONSTRUCTION MANAGER (Firm name) 102 North 3rd Street, Suite 201, Lafayette	TN 47001	ARCHITECT (Firm name) NA	
ADDRESS I'CM A W		ADDRESS	den de
BY (Signature)		Y (Signature)	,
Mike Roberts (Typed name) OUT DATE:		NA Typed name)	DATE: NA
(Aypea name) DATE.	,	турва нате)	VAIE: NA
Davidson Excavating		Sippecance County Com	nissioners
CONTRACTOR (Firm name) 5533 S. 800 W., Russiaville, IN 46979		DWNER <i>(Firm name)</i> 20 N.Third Street, Lafaye	tte. IN 47901
ADDRESS .		ADDRESS	- Control Cont
Tamara Davidse	77		
BY (Signature) Tamara Davidson 4/15	L	BY <i>(Signature)</i> David Byers	A STATE OF THE STA
(Typed name) DATE:		Typed name)	DATE:

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